All fields with an asterisk (\*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F. Appendix A1. Transparency in Coverage Reporting by Qualified Health Plan Issuers - Plan Year 2023

OMB Control # 0938-1310 Expiration Date: XX/XX/20XX

General Information	
Was this Issuer on the Exchange in 2021?*	
SADP Only?*	
Issuer HIOS ID*	
Issuer Level Data	
Number of Issuer Level Claims with Date(s) of Service (DOS) in 2021 That Were Also Received in Calendar Year 2021*	
Number of Issuer Level Claims with DOS in 2021 That Were Also Denied in Calendar Year 2021*	
Number of Issuer Level Internal Appeals Filed in Calendar Year 2021*	
Number of Issuer Level Internal Appeals Overturned from Calendar Year 2021 Appeals*	
Number of Issuer Level External Appeals Filed in Calendar Year 2021*	
Number of Issuer Level External Appeals Overturned from Calendar Year 2021 Appeals*	
Notes:	
Please enter any comments/notes here.	

All fields with an asterisk (\*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F. All plan IDs submitted via Plans & Benefits Template(s) must be included in this template.

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& Medicaid Services (CMS) Qualified Health Plan (QHP)	Transparency in Coverage Reporting
Plan Year 2023	

	Plan Level Data										
Plan ID*	Received in Calendar		Claims with DOS in 2021 That Were Also Denied Due to Prior Authorization or Referral Required in	That Were Also Denied Due to an Out-Of-	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year	Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in	That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health only, in Calendar	Number of Plan Level Claims with DOS in 2021 That Were Also Denied	Notes: (Please enter any comments/notes here.)		